

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 10-JUL-2015		TIME 16:03:00		2. ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE CHICAGO, IL 60628				3. LOCATION CODE 304		4. BEAT/OCCUR 0512			
		5. POSITION 9161		6. LAST NAME BROWNFIELD		7. FIRST NAME CRAIG C		8. STAR NO. 15752		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 511	
SUBJECT INFORMATION		14. DATE OF APPT. 24-NOV-2003		15. EMPLOYEE NO. 193		16. UNIT & BEAT OF ASSIGNMENT 6556B		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
		20. LAST NAME MCSWAIN		21. FIRST NAME EUGENE		22. M.I. BLK		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 506		26. HT. 150	
REASON FOR USE OF FORCE (Check all that apply)		28. ADDRESS ██████████		29. TELEPHONE NO. ██████████		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? DR. ██████████		34. BY WHOM? DR. ██████████		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
WEAPON DISCHARGE INCIDENT		36. CHARGES PLACED 00000000		37. CB NO. 00000000		IR NO. 00000000									
		38. DNA <input type="checkbox"/>													
SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE					
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____					
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____					
WEAPON DISCHARGE INCIDENT		39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) ██████████		40. ADDITIONAL INFORMATION ██████████											
		POSITION ██████████		STAR NO. ██████████		UNIT ██████████									
CASE INFO.		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR							
		45. MAKE/MANUFACTURER ██████████		46. MODEL ██████████		47. BARREL LENGTH ██████████		48. CALIBER/GAUGE ██████████							
SIGNATURES		49. TASER DART ID NO. ██████████		50. WEAPON SERIAL NO. (Include Letters) ██████████		51. CHICAGO GUN REG. NO. ██████████		52. IL FIREARM OWNER ID. NO. ██████████		53. HANDGUN CERTIFICATE NO. ██████████					
		54. SPECIAL WEAPON CERTIFICATE NO. ██████████		55. PROPERTY INVENTORY NO. ██████████		56. TYPE OF AMMUNITION USED ██████████		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER ██████████		58. TOTAL NO. OF SHOTS MEMBER FIRED ██████████					
CASE INFO.		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) ██████████		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED ██████████		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) ██████████		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) ██████████		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD ██████████		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO									
CASE INFO.		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) ██████████		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) ██████████							
		70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		70. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
SIGNATURES		73. REPORTING MEMBER (Print Name) BROWNFIELD, CRAIG C		STAR/EMPLOYEE NO. 15752		SIGNATURE ██████████									
		74. REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L		STAR NO. 809		SIGNATURE ██████████		DATE REVIEWED 11-JUL-2015 00:18:14		TIME 11-JUL-2015 00:18:14					

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender is hospitalized.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that the Officers actions were in compliance with department guidelines and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CFNO 1076081 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WALLER, FRED L

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

11-JUL-2015 01:06:55

79. TOTAL TRR's THIS EVENT No

8

Log 1076081
UP15-10
AA-32